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PTO/SB/18 (08-00)

Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)**

☐ Declaration Submitted With Initial Filing ☒ Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number	413670
First Named Inventor	Silverman, David C.
COMPLETE IF KNOWN	
Application Number	10/700,395
Filing Date	November 4, 2003
Group Art Unit	1751
Examiner Name	Not yet known

As a below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

FUNCTIONAL FLUID COMPOSITIONS CONTAINING EROSION INHIBITORS

(Title of the Invention)

the specification of which

☐ is attached hereto

OR

☒ was filed on (MM/DD/YY)

11/04/03

as United States Application Number or PCT International (if applicable).

Application Number

10/700,395

and was amended on (MM/DD/YY)

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority	Certified Copy Attached?	
			Not claimed	YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.
60/423,564	11/4/2002	

[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SENT TO: Assistant Commissioner for Patents, Box Design, Washington, DC 20231.

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DECLARATION — Utility or Design Patent Application

Direct all correspondence to: <input checked="" type="checkbox"/> Customer Number or Bar Code Label				27128		OR <input type="checkbox"/> Correspondence address below	
Name Mark F. Wachter							
Address Blackwell Sanders Peper Martin LLP							
Address 720 Olive Street, Suite 2400							
City St. Louis				State Missouri		ZIP 63101	
Country US			Telephone 314-345-6000			Fax 314-345-6060	
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.							
NAME OF SOLE OR FIRST INVENTOR:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any]) David C.				Family Name Or Surname Silverman			
Inventor's Signature <i>David C. Silverman</i>						Date 4/9/2004	
Residence City: Chesterfield				State MO		Country US	
Citizenship US							
Mailing Address 14314 Strawbridge Court							
Mailing Address							
City Chesterfield				State MO		ZIP 63017	
Country US							
NAME OF SECOND INVENTOR:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any]) Timothy K.				Family Name Or Surname Hirzel			
Inventor's Signature						Date	
Residence City: St. Louis				State MO		Country US	
Citizenship US							
Mailing Address 4614 Westminster Place							
Mailing Address							
City St. Louis				State MO		ZIP 63108	
Country US							
<input type="checkbox"/> Additional inventors are being named on the __ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.							

[Page 2 of 2]

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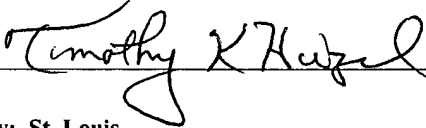
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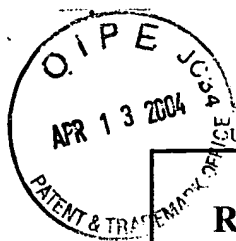
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Address 720 Olive Street, Suite 2400							
City St. Louis				State Missouri		ZIP 63101	
Country US			Telephone 314-345-6000			Fax 314-345-6060	
<p>I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.</p>							
NAME OF SOLE OR FIRST INVENTOR:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any]) David C.				Family Name Or Surname Silverman			
Inventor's Signature						Date	
Residence City: Chesterfield			State MO		Country US		Citizenship US
Mailing Address 14314 Strawbridge Court							
Mailing Address							
City Chesterfield		State MO		ZIP 63017		Country US	
NAME OF SECOND INVENTOR:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any]) Timothy K.				Family Name Or Surname Hirzel			
Inventor's Signature 						Date April 8, 2004	
Residence City: St. Louis			State MO		Country US		Citizenship US
Mailing Address 4614 Westminster Place							
Mailing Address							
City St. Louis		State MO		ZIP 63108		Country US	
<input type="checkbox"/> Additional inventors are being named on the __ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.							



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PTO/SB/82 (10-00)

Approved for use through 10/31/2002. OMB 0651-0035

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REVOCATION OF POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	10/700,395
Filing Date	November 4, 2003
First Named Inventor	David C. Silverman
Group Art Unit	1751
Examiner Name	
Attorney Docket Number	413670 (713629.353)

I hereby revoke all previous powers of attorney or authorizations of agent given in the above-identified application:

☒ Power of Attorney or Authorization of Agent is submitted herewith.

OR

☐ Please change the correspondence address for the above-identified application to:

☐ Customer Number

27128

Place Customer
Number Bar Code
Label here

OR

☐ Firm or
Individual Name

Address

Address

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Zip

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Telephone

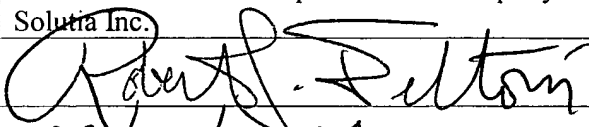
Fax

I am the:

☐ Applicant/Inventor.

☒ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

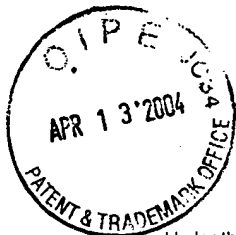
SIGNATURE of Applicant or Assignee of Record

Name	Robert J. Feltovic-Group Intellectual Property Counsel Solutia Inc.
Signature	
Date	03/16/2004

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☒ *Total of 1 forms are submitted.

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DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231



PTO/SB/81 (09-03)

Approved for use through 11/30/2005. OMB 0651-0035

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POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM	Application Number	10/700,395
	Filing Date	November 4, 2003
	First Named Inventor	David C. Silverman
	Group Art Unit	1751
	Examiner Name	
	Attorney Docket Number	413670 (713629.353)

I hereby appoint:

- ☒ Practitioners associated with the Customer Number 27128
AND, for as long as they are employed by Solutia Inc.
☒ Practitioner(s) named below:

Name	Registration Number
John P. Foryt	32,866
Robert J. Feltovic	27,710

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

- ☒ The address associated with the above-mentioned Customer Number:

OR

- ☐ The address associated with Customer Number:

OR

- ☐ Firm or
Individual Name

Address

Address

City

State

Zip

Country

Telephone


Fax

I am the:

- ☐ Applicant/Inventor.

- ☒ Assignee of record of the entire interest. See 37 CFR 3.7.1.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Name	Robert J. Feltovic-Group Intellectual Property Counsel Solutia Inc.
Signature	
Date	03/16/2004

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☒ *Total of 1 forms are submitted.

This collection of information is required by 37 CFR 1.31 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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